



Walter Reed
National Military
Medical Center





Agenda

- **Course Overview – MAJ Bird**
- **Introduction from BG Clark (MAJ Bird)**
 - State of the MHS/WRB
- **Familiarization**
 - Joint Commission – **Gene Monroe**
 - Patient Safety – **Suzie Little**
 - Enrollment and TRICARE – **Joi Bowling**
 - Access to Care (Double Booking) – **Sandra Flores**
 - Templates and Scheduling – **Aaron Heinrichs**
 - Referrals and ROFRs – **Aaron Heinrichs**
 - Relay Health – **MAJ Bird will identify**
- **Hands On – Mr. Kelley and team**
 - Canceling Appts
 - Facility and Patient Cancel
 - Re-Appointing the Patient
 - Checking In a Patient
 - Checking Eligibility
 - Other Health Insurance
 - KIOSK Familiarization
 - Two Patient Identifiers
 - End Of Day Processing
- **Messaging and Phone Etiquette – Sara Berschet**
 - Messaging during expected Front Desk Actions
 - Greetings, Transfers, Holds
 - Phone Tree
 - Where to transfer a complaint
- **Customer Service Review – Sara Berschet**
 - Directions in the Facility
 - Say Yes to Patients
 - Customer Service



- Our *Partner* in assessing and improving the quality and safety of the care and services we provide.
- Much of what we already do, as normal process, owe their existence to The Joint Commission's accreditation activity.
- These don't apply:
 - HIPAA (PTO Exception)
 - Visitor-level access
 - Unobstructed access to the facility, by the surveyor team is a pre-requisite to the accreditation process.
 - We are not allowed to restrict access and stay accredited.

"So I am called eccentric for saying in public that hospitals, if they wish to be sure of improvement,

- must find out what their results are;
- must analyze their results, to find their strong and weak points;
- must compare their results with those of other hospitals;
- must welcome publicity not only for their successes, but for their errors."



-
Ernest A. Codman, M.D.



Role of Accreditation in Patient Safety

- Accreditation is, at its core, a risk reduction activity
- Joint Commission standards relate directly or indirectly to patient safety and the quality of patient care
- Monitored processes often reflect a history of risk (e.g. monitoring the performance of processes that involve risks or may result in sentinel events)
 - What is the process that I'm observing?
 - Where are the risk points?
 - What are we doing to minimize the risk points?





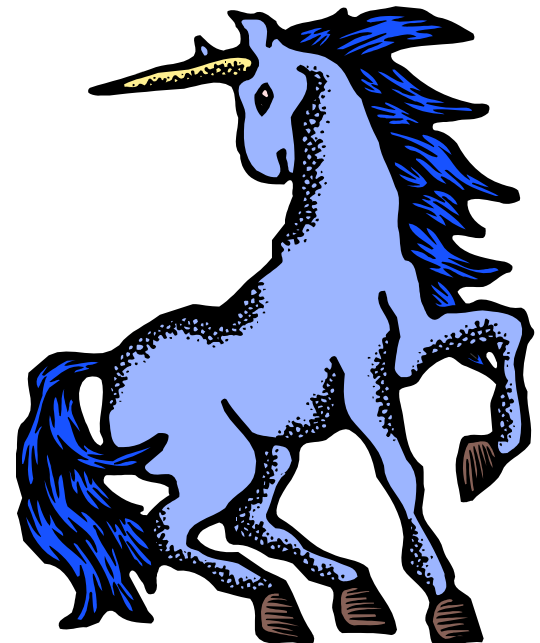
- Highly experienced individuals
- Graduate level(s) of training
- Physicians, Nurses, Pharmacists, Administrators, Social Workers, Psychologists
- Trained across the continuum of health care delivery systems
- Often surveyed at their own organization
 - (They feel your pain!)





Myths

- Surveyors are out to catch you
- Surveyors must find something wrong
- Surveyors pay and performance rating is based on their findings and recommendations
- Surveyors are “out of touch”
- Surveyors have their own agenda
- Surveyors have no sense of humor





Surveyor Truths

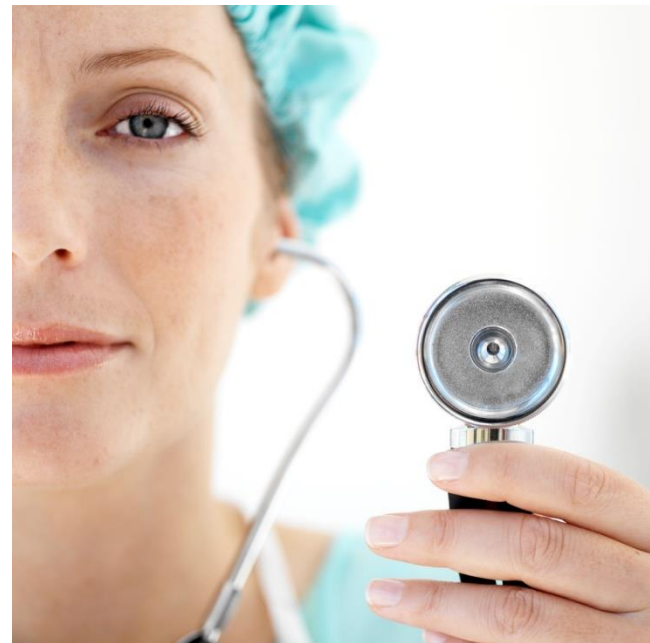
- Focused on Patient Safety
- Seeking evidence of compliance to elements of performance
- Seeking documented evidence of quality processes
- Assess for variation in processes
- Seek to identify the systems issues related to the above
- Seek to provide consultation, education and suggestions
- Seek to learn





Surveyors Care For Patients

- The time demands of a single ICU patient are different than 100 ICU patients across 20 organizations, but the outcome is that both you and the surveyor are focused on caring for patients.
- You're both "torturing" each other to meet the needs of the patient. We share a common ground for a moment to exchange goals that will impact this and other patients down the road.





The Questions Mean Something For All Of Us

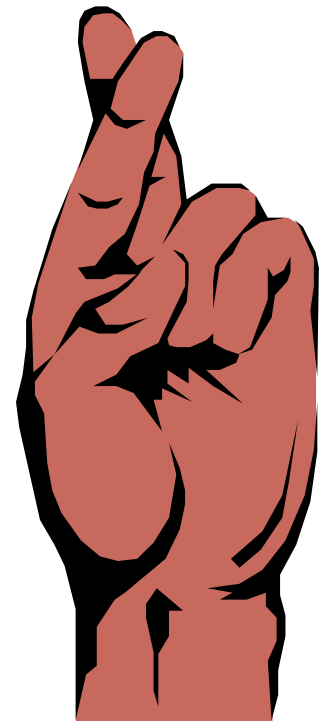
- The care we provide today has been shaped in part by past staff -surveyor exchanges and identification of relevant issues.
- Behaviors are shaped by mistakes.
- How great it is to gain an understanding of others' mistakes and learn from them before we repeat the same error.





Variation Responses

- Staff often answer questions with variation described as part of the process. e.g., “I usually...” “we often...” “If night shift does it then...” “I guess...”
 - Avoid this type of answer whenever possible as it leads to the need for further questioning to determine if the process is stable.
- Use statements that describe less variation e.g., “Our procedure is...” “An assessment requires...” “We have guidelines that...”





Leading Questions

- Used in cases when some immediate clarification of a process is necessary. These are generally related to safety concerns: e.g., “When would you clarify that order?”
- Listen carefully to any question that starts with the five W’s (when, what, who, where, why) and think about answering in the specific context of the line of questioning that immediately proceeded or prompted it.
 - Do not guess, fog, or evade.





Cue Cards & Techniques

- Back of name badges OK for some things
 - Expectation that situations that require rapid response are known e.g., calling a cardiac arrest, responding to a fire.
 - Other situations can be prompted via badges or other cues.





“I Have No Idea What You’re Asking Me” Questions

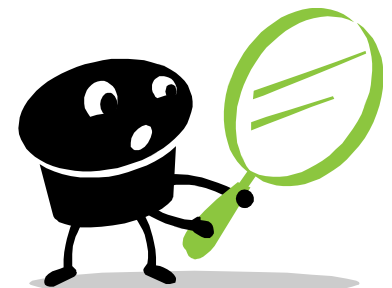
- Classic response to this are “Well, if I had any question I would ask my supervisor.”
- Tracers move beyond this. While this answer worked in the past, it now starts a further line of questioning.
 - How often are supervisors immediately available (if indicated) to answer your concerns?
- Communication failures are known to precipitate unexpected outcomes.





“I Wish I Knew What Answer You Are Looking For”

- The motive for the question is always more important than the actual question itself. When people say “How are you?” they probably don’t really want to know. They’re motivated out of courtesy.
- When a surveyor asks you a question, listen carefully to the context in which the question is being asked. Try to frame your receipt of the question in the context of the patient being traced. “How do you assess pain” is really in the context of the patient being traced.
- Think relative to the situation (tracer patient).





You're Making Me Anxious

- Lack of eye contact – avoidance
- Rash and facial flush – “My face feels hot.”
- “Hurried” demeanor
 - “That’s fine. I’ll scrub in with you and observe your process.”
- Express that you feel anxious.
- Relax – You can’t blow the survey for your organization.
- Take a deep breath.
- Seek clarification to get grounded.
 - “Let me get the chart.”





Feeling Squeezed

- The focus is now on you, and someone who you don't know is asking you a questions that places you directly in the spotlight...
- Lubricate the process
 - Get grounded (gather chart, etc.)
 - Put things in perspective (patient traced)
 - Seek clarification if needed
 - Recognize that not everyone communicates effectively. People are different





Discounting – The Only Real Mistake You Can Make

- **DO NOT DO THIS – EVER.**

- Implies that your time is more important than the surveyors – attempts to devalue the accreditation process. Can rapidly deteriorate the interaction.

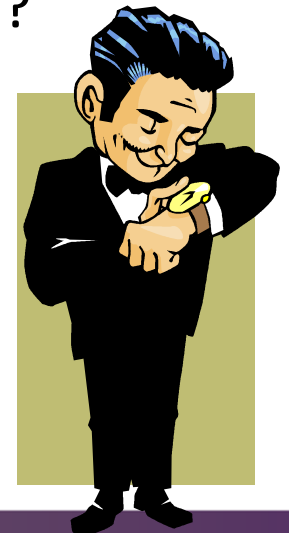
- Verbal

- I'm really busy
- I have no time to talk
- I've got just a minute
- I've got orders or call lights

“I've got (xxx), would you like to come with me?”

- Non-Verbal

- Checking watch, sighs, groans, eye roll, sharp exhale





- The survey process is organization specific. Even for organizations that are part of a larger entity, the surveyor focus is on how you do your job at this organization.
 - Focus on implementation at our site.
 - Focus less on blaming higher authority or DoD “mandates” aka “We have no choice....this comes from...”
 - Adoption of a corporate process at the local facility is key to a systems review.





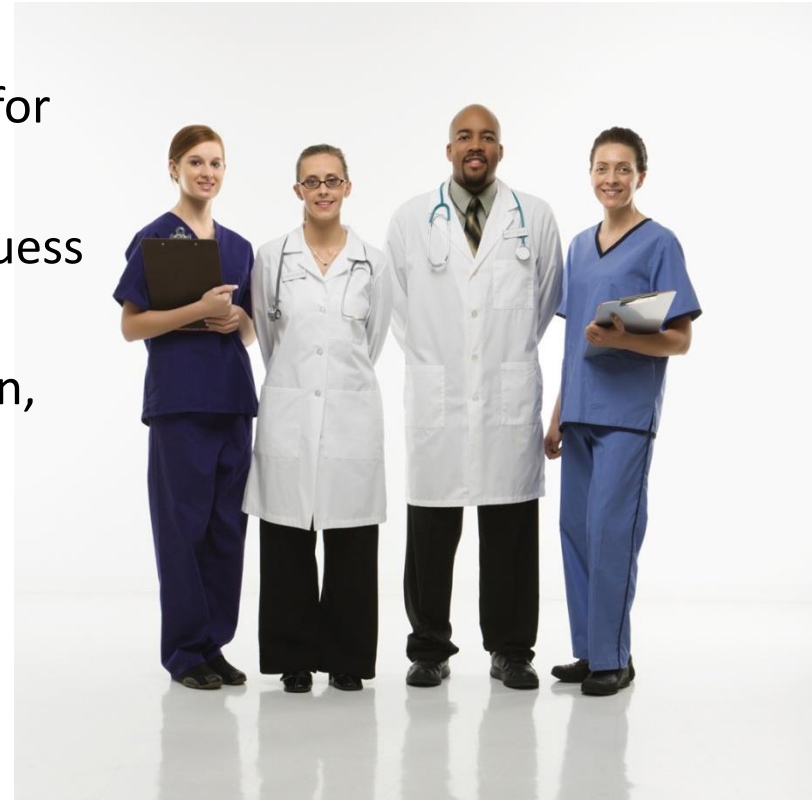
- You say: “A surveyor at another organization loved this form. He even asked to take a copy to share with other facilities. Why are you making a recommendation to us when other surveyors think highly of this document?”
 - The form has not been tailored to the setting or our organization.
- *Think relevance to our setting.*





Goals

- The surveyor wants you to simply describe the care you provide.
 - Be honest – answer what you know for you.
 - Don't make up stuff, or attempt to guess what the surveyor wants to hear.
 - Recognize any anxiety in the situation, and reduce tension in the process in ways that help you.
- Remember we're all here to improve safety and quality





Walter Reed
National Military
Medical Center

Questions?

